Arizona Community Health Worker Workforce Coalition

Thursday, September 22, 2016
11:30 A.M. – 1:00 P.M.

Arizona Department of Health Services State Lab Auditorium
250 N. 17th Avenue
Phoenix, Arizona 86007

MINUTES

Welcome and Introductions:

The meeting opened with a welcome to all attendees from Flor Redondo, president of AzCHOW. Individual attendees introduced themselves and their organizations. Attendees included more than 50 members of the Coalition.

ADHS Update:

ADHS Office of Chronic Disease is now in Year 3 of 1305 funding. There will be continuation of the CHW related projects. These projects include CHW integration at both North County Healthcare in Flagstaff and Neighborhood Outreach Access to Health (NOAH) and the community paramedicine project in Santa Cruz County with Mariposa Community Health Center and Rio Rico Fire District. Yanitza and Anna attended the NACDD Chronic Disease Academy in Denver to learn about developing partnerships, population health and how to integrate diversity into programming. Omar and Dave are both working on Burden Reports for Diabetes and Hypertension. The reports will be shared with the Coalition when completed. The CHW Leadership Council has developed a series of goals to address certification and training, network development, communication and messaging, and financial sustainability.

Voluntary Certfication:

Members of the Coalition discussed the two paths for voluntary certification in Arizona:
The first path is a voluntary certification process that is a collaborative effort of AZCHOW, the Arizona Prevention Research Center, ADHS and other institutions. (See attachment 1.) *This process is totally independent of any state legislation.*
The second path is the submission of the Sunrise Application to our state legislature requesting that the Committee of Reference support a voluntary certification process with a board to develop and oversee the process. The decision to submit the Sunrise was based on feedback from several health care provider organizations, health care plans and associations, and others. *The sunrise application provides the opportunity to raise awareness about this issue with the legislature without any specific legislation attached at this time.*

Sunrise Application:

The Community Health Worker (CHW) Sunrise Application was submitted on September 1, 2016 by the Arizona Community Health Workers Association (AzCHOW) to the Committee of Reference for the Arizona State Legislature. Although the usual purpose of Sunrise Applications is to establish the licensure and scope of practice of health care providers in Arizona this CHW Sunrise Application is focused on establishing the need for the recognition of community health workers, their core competencies, scope of practice through the implementation of a statewide voluntary certification process. There is no request for licensure and no specific legislation is attached to the application. (See attachment 2.)

Application contents: The Sunrise Application includes a description of the community health workers and why voluntary certification is important for a standardized workforce; what current efforts are being

implemented in Arizona to address the issue of CHW certification; the benefit of establishing uniform voluntary certification; how voluntary certification benefits the public; the cost of standardization; and organizations supporting a voluntary certification process.

Organizational Support: The Sunrise Application is supported by members of the *The Arizona Community Health Worker Workforce Coalition* which is a network of organizations collaborating with the Arizona Community Health Worker Association (AzCHOW) to support the sustainability of the Arizona CHW workforce. The coalition is comprised of CHWs, Promotores de Salud, Community Health Representatives, Community Health Advisors and other related titles, the University of Arizona, state, county and tribal health departments, community health centers, area health education centers and other NGOs utilizing CHWs in their programs.

Next Steps: The Committee of Reference has requested additional information for the application including key stakeholder meetings, specific organizations in support of the application and specific organizations in opposition to the application. (See attachment 3.) The Committee may hold a meeting for public testimony and must submit a Study Sunrise Report on the Application including recommendations to Governor Ducey, President Biggs and Speaker Gowan in early December.

Action Item: Coalition members will receive the list of the members of the Committee of Reference. (See attachment 4.) Those contacting members of the committee will provide information regarding the contact and response of committee member to the coalition coordinator, Monica Muñoz at mgmunoz@email.arizona.edu Coalition members will be notified if a public hearing is scheduled for the application, or there are any additional requests for information.

Workforce Development Workgroup Recommendations:

A workgroup of members of the coalition met twice over the summer to discuss the development of a process for approval of CHW curricula. The group:

- Recommended changes to a draft matrix of the competencies that should be included in any approved curriculum and suggested some changes to the wording and order of competencies as well as the scoring mechanism. (See attachment 5.)
- Recommended the removal of the competency of "evaluation and research" as a core competency.
- Recommended that the coalition discuss the overall hours required for certification (both with formal training in a curriculum and practice based training.)
- Recommended that the certification application be available in Spanish.
- Questioned the need for fingerprinting in the certification process as it is assumed that fingerprinting is part of the hiring process in individual organizations.
- Recommended that any CHW curricula approval board membership should include at least 50% CHWs, noting that many of the members of this workgroup could assist in the makeup of the Board.
  .

Action Item: A future meeting of the workforce workgroup will examine the input from breakout groups at the Coalition meeting regarding the issues of hours and fingerprinting. The group will also focus on the specifics of a process for the overall reviewing and approving a curriculum with specific steps—i.e. how many committee members will review curriculum; what is included in a site visit; how are final recommendations decisions made by committee, etc. Information on the meeting of this workgroup will be sent to coalition members.

Breakout Group Discussions: Four breakout groups discussed the issues of number of hours required for certification as established in the voluntary certification flow sheet handout—i.e. 1000 or 500 hours documented work for those completing an approved curriculum or 2500 or 1000 hours of paid/volunteer

documented CHW work in the community. Most of the groups felt that perhaps the number of hours combined with participation in an approved curriculum was too high. Some suggested that between 500 to 750 hours accompanied by participation in an approve curriculum would be reasonable. Most groups felt that 2500 hours was reasonable for those who were to be certified based on documented practice as a CHW. Various groups suggested converting the time requirements to number of months rather than hours. Several members of one group felt that finger printing was an important component of the voluntary certification process.

Action Item: The information from the breakout groups will be provided to the workforce workgroup as they develop final recommendations for the voluntary certification process at their next meeting.

The Hope Network: Berta Carbajal provided the group with a description of the Hope Network and some of its recent activates. With a mission to initiate, develop, support and sustain promotores and community health workers in a variety of settings in our communities, the HOPE network provides a forum for community health workers from Phoenix and surrounding communities to come together for networking, support, information sharing and learning purposes.

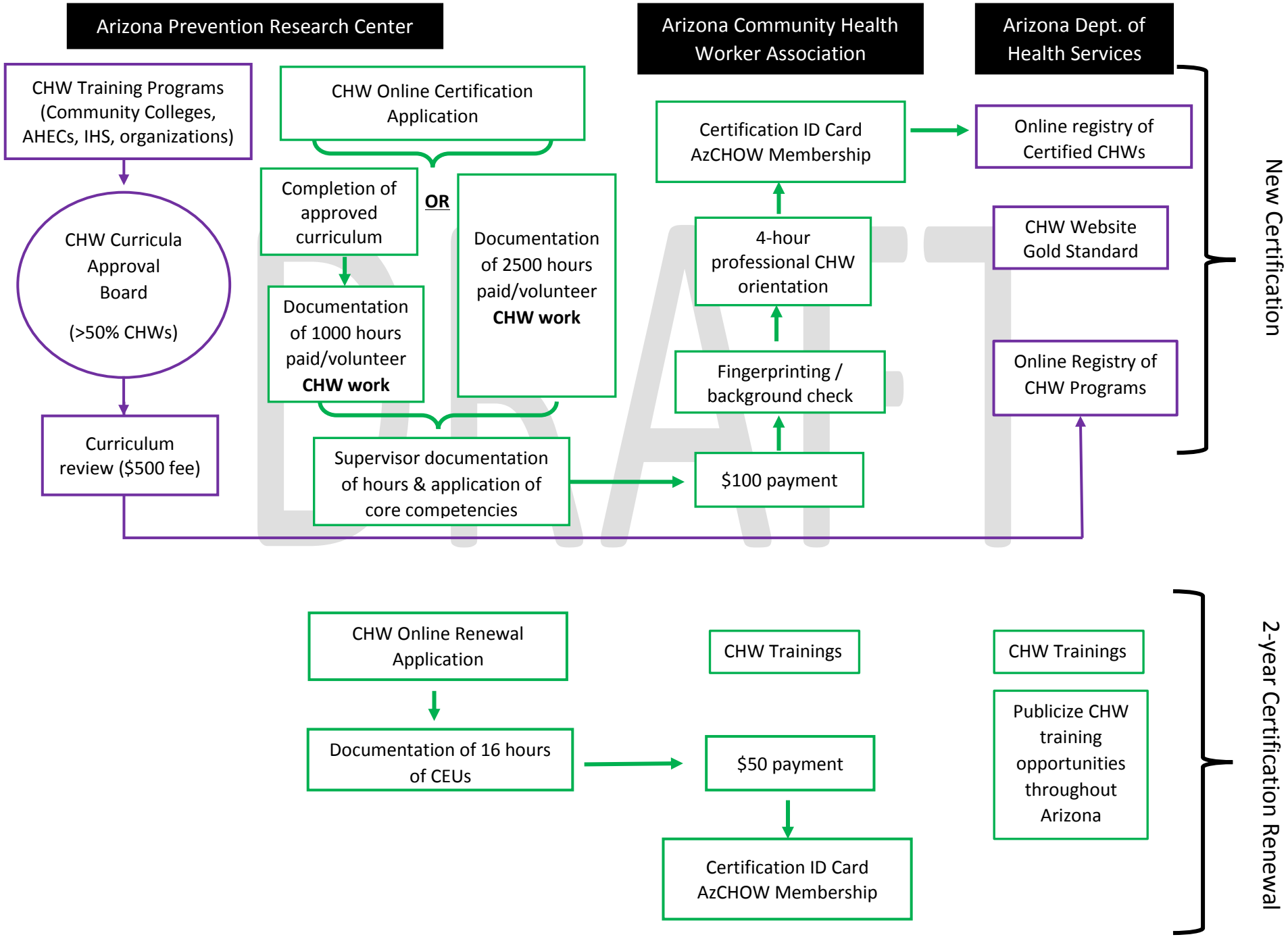
CHR Imitative: Yanitza Soto reported on the upcoming Community Health Representative Policy Summit to take place in Flagstaff on September 30, 2016. The agenda of the meeting includes an update of CHR voluntary certification, possible Medicaid reimbursement for tribes, and top CHR concerns.

Announcements and Next Steps: The meeting closed with a reminder to everyone to check their emails regularly to learn of any updates on the Sunrise process and information on continued meetings for the development of the voluntary certification process.

Attachment 1

Arizona Community Health Worker Voluntary Certification Process

ARIZONA COMMUNITY HEALTH WORKER VOLUNTARY CERTIFICATION PROCESS



Attachment 2

Sunrise Application

32-3105. Applicants for regulation; factors

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. **A definition of the problem and why regulation is necessary including:**
   (a) The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery.

CHWs build individual and community capacity by increasing health knowledge and self-sufficiently through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Agencies use CHWs to serve communities in many ways including access to care, prenatal care, chronic disease self-management, long-term care, utilization of services and behavioral health.

A key component of the CHW scope of practice is that they are individuals who are imbedded in the community. CHW job responsibilities often require that they work outside the physical location of state-licensed facilities in the community and often in the homes of persons receiving services. This allows CHWs to build upon the trust they have with community members to overcome barriers related to their health. These barriers are often related to the social determinants of health, such as poverty, living conditions, and health literacy. Working in the field allows CHWs to effectively work with members of the community on various factors related to their health, but in order to do so they are often working independently rather than under direct supervision.

There is currently no way for health care providers and members of the community to verify that a CHW is proficient in the CHW core competencies that have been shown to result in positive health outcomes for clients. Voluntary certification will create a process through which agencies hiring CHWs will have assurance of the core competencies and scope of practice that allow this workforce to competently manage population health as part of a medical team and/or in the community.

(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

Community Health Workers are especially important for underserved and vulnerable populations such as pregnant women, the elderly, people with chronic disease, and families with children with special health care needs. CHWs are highly effective in prevention education and

self-management of chronic diseases, like diabetes, high blood pressure and cancer and contribute to greater quality of life. CHWs contribute to reduced health care costs. Historically in Arizona, Federally Qualified Health Centers have been a major employer of community health workers to enhance the access and quality of care to their patient populations. Increasingly, hospitals, insurance plans and provider practice organizations are hiring CHWs to help them address gaps in the health of their patient population. Certification of the CHW workforce will assure both the quality of CHW services and benefits to the populations they serve.

CHWs fill an important gap within the health care system. As active members within the communities they serve, CHWs function as a bridge between licensed health care providers and their patients. CHWs improve health outcomes by getting at the root of health issues, and providing necessary information to licensed providers. Patients are often eager to work with CHWs as they are members of the same community, speak the same language, and come from the same ethnic or socioeconomic background. The established connection between patients and CHWs allows patients to feel more comfortable expressing personal health issues or concerns. Intimidation, embarrassment, or lack of health literacy may prevent this information from being communicated directly to the licensed provider. CHWs work with patients and providers to ensure that the patient's needs are being met, and the licensed provider is better able to establish an appropriate health care plan. CHWs have an important role in addressing non-medical factors that may be hindering a patient from following provider recommendations and facilitating patient adherence with the medical protocol established by their provider.

The impact of the Community Health Worker workforce includes improved health outcomes, increased access to and quality of care, and increased efficiency and effectiveness of service delivery resulting in health care savings.

Health Outcomes & Access to Care:

- Mothers receiving Community Health Worker services through the Arizona Health Start program were 12% more likely to have normal weight babies that non-Health Start mothers and experienced an average cost savings of $4,000.[1]
- Patients with pre-diabetes or diabetes who attended Community Health Worker education classes and received ongoing support significantly lowered their blood pressure and glucose levels.
- People with chronic disease who received care from Community Health Workers experiences improved quality of life and fewer depressive symptoms.
- Women who received visits from Community Health Workers were 35% more likely to go to the local community center for chronic disease screenings. (Texas Department of State Health Services and Health and Human Services, 2012)

Cost of Care:

- $3.97 savings for every $1.00 spent on the Arizona Health Start Program.

[1] Imputed from Hussaini, S. K., Holley, P., & Ritenour, D. (2011). Reducing low birth weight infancy: assessing the effectiveness of the health start program in Arizona. Maternal and Child Health Journal, 15, 67-76.

- $2.92 savings for every $1.00 spent for managed health care coordination.[2]
- $4.01 savings for every $1.00 spent on childhood asthma management by reducing urgent visit and hospital costs.
- $6.10 savings for every $1.00 spent on diabetes self-management education and care coordination

(c) The extent of autonomy a practitioner has, as indicated by the following:

(i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment

Community Health Workers are largely autonomous and frequently utilize their independent judgment when promoting client health care plans. In particular, Community Health Workers use their substantial community knowledge in the areas of issue response, program design, and direct implementation of prevention education and care coordination

A strong knowledge of, and experiential history with the community served is essential to a Community Health Worker's success. Community Health Workers add value to clinical outreach and education and provide an alternative to more expensive clinical outreach, and are qualified to assist in client home visits.

The Arizona Community Health Outreach Workers Association and the Arizona Community Health Worker Workforce Coalition have adopted the National Community Health Advisor Study's Community Health Worker Core Competencies. An explanation of each competency is outlined below:

Community Health Worker Core Competencies based on the Community Health Worker (CHW) Core Consensus (C3) Project:[3]

- Communication
    - CHWs communicate effectively with clients about individual needs, concerns and assets by conveying knowledge of basic health and social indicators clearly and in culturally appropriate ways. CHWs address gaps in the health literacy of clients by assisting them to understand provider recommendations. Through effective communication, CHWs also identify issues that may be acting as barriers to successful disease management. CHWs also write and prepare clear reports on their

[2] Felix, H. C., Mays, G. P., Stewart, M. K., Cottoms, N., & Olson, M. (2011). Medicaid savings resulted when community health workers matched those with needs to home and community care. Health Affairs, 30(7), 1366–1374.

[3] Rosenthal L, Rush C, Allen C. Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project. 2016.

clients, their own activities, and their assessments of individual and community needs.

- Relationship-building
    - CHWs help to provide coaching and social support through informal counseling and relationship-building efforts. For example, CHWs often work within the context of family relationships to build ongoing support for health related behaviors. Through the use of interviewing techniques, support and education groups, they create supportive relationships with their clients and encourage clients to build strong connections within their community members.
- Service Coordination
    - Service coordination is a key component in CHWs ability to address the social determinants of health that cannot be addressed within the time frame of a visit to a health care provider. CHWs know what services are available, where they can be located, and agency hours of operation in their given communities. They also develop active referral and coalition networks to be of assistance to clients. CHWs utilize standard follow-up procedures to ensure their intended treatment methods are effectively being utilized.
- Capacity-Building
    - CHWs play a critical role in addressing population health by increasing the abilities of their communities to identify goals to reach their fullest potential. They work with other community members, workers, and professionals to increase individual and community empowerment and develop collective plans to increase community networks. These efforts help build coalitions to expand broader public awareness of community needs.
- Advocacy
    - CHWs work actively with the needs of individual patients to ensure that they access all of the resources and services they are eligible for. In this manner, they often remove barriers to successful management of health conditions. In addition to helping individuals, CHWs advocate for clients. They are familiar with, and maintain, contact with agencies and professionals in the community in order to secure necessary care for their clients. CHWs participate in community and agency planning efforts that are aimed at improving care and bringing needed services into the community.
- Education and Facilitation
    - CHWs make ongoing efforts to assist individuals and their families in making desired lifestyle changes. The ability of CHWs to educate patients and community members in a culturally relevant way has a demonstrated impact on a patient's ability to manage chronic disease such as asthma, heart disease and diabetes. CHWs use standard knowledge of the effects of positive and negative behaviors in order to assist clients in adopting desirable behaviors. CHWs effectively engage clients and their families while encouraging them to follow intervention protocols and identify barriers to change.
- Assessment
    - CHWs participate in individual and community assessment through active interaction and observation with clients and other community members. In this way,

CHWs identify gaps in care that may be resulting in over utilization of emergency hospital care. They are also able to address broader issues related to the social determinants of health that can be addressed through their partnerships with agencies outside the health care system.

- Outreach
    - Client case-findings, recruitment and follow-up are essential to maintaining strong relationships among CHWs and community members. CHWs identify clients who do not have medical homes and refer them to appropriate programs. They also follow up with clients to encourage them to follow provider recommendations decreasing the possibility that they utilize emergency services or become hospitalized.
- Professional Conduct
    - In order for CHWs to build strong community relationships, they must demonstrate professional conduct by setting goals, managing time, and balance priorities by following a work plan. By observing ethical and legal standards, they are able to maximize personal safety while working in clinical settings and identify situations calling for mandatory reporting requirements. Additionally, CHWs apply critical thinking and problem solving techniques when working in community settings and in professional development networking groups in order to provide comprehensive services to their clients and continue education among the larger community coalition.
- Evaluation and Research
    - By applying the evidence-based practices of Community-Based Participatory Research (CBPR), CHWs identify, conduct research on, and understand root causes of important community concerns.
- Knowledge Base
    - CHWs demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members, and colleagues. They convey standard knowledge of basic health and social determinants of health and related disparities in ways that are familiar to clients and their families. CHWs are able to discuss the reasons and options for lifestyle changes in culturally sensitive ways as well as navigate the United States health and social services systems in order to direct clients to the most appropriate services. Depending on the organization they work for, CHWs become specialized in specific health issues such as diabetes or maternal and child health.
- Organizational Skills
    - CHWs set goals for their clients and practice areas and make long and short-terms plans in order to achieve those goals. They are able to manage a caseload of patients with different providers and multiple priorities.

(ii) The extent to which practitioners are supervised

Qualified facility-based supervisors monitor CHWs, whether from the nearest primary care center or the district health office. Supervisors monitor the quality of services and training curriculum hours, provide technical support and refresher training, and collect information, forms, and other data.

Many Arizona agencies also utilize CHW peer supervision models. Peer supervision is focused on CHWs helping other CHWs learn new skills and assessing the quality of work performed by fellow CHWs. Examples of this approach are the following:

- Peers observe CHWs performing consultations and provide feedback
- High performance peers support less-experienced colleagues (e.g., through on-the-job training, mentorship and shadowing)
- Peers discuss issues and problem-solving with CHWs
- Experienced CHW Peers are promoted to a more formal supervisory role

2. The efforts made to address the problem including:

(a) Voluntary efforts, if any, by members of the health profession to either:

i. Establish a code of ethics

The American Association of Community Health Workers outlines a CHW code of ethics and provides web-based model to encourage Community Health Workers at the state level to do the same. Model sections include: Responsibilities in the Delivery of Care, Promotion of Equitable Relationships, Interactions with Other Service Providers, and Professional Rights and Responsibilities. CHW are also required to adhere to ethics referenced in the C3 competencies above.

ii. Help resolve disputes between health practitioners and consumers.

Without a certifying body, there is no centralized place for consumers to file or receive information about complaints. Institutional care providers may have a process to receive patient complaints, but these are not consistent or reciprocal from one facility to another. However, because of the nature of the client CHW relationship, the CHW profession has not experienced a noticeable level of patient or client complaints.

(b) Recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

No state law currently exists providing certification for Community Health Workers.

3. The alternatives considered including:

(a) Regulation of business employers or practitioners rather than employee practitioners.

CHWs' work in varied facilities (e.g. clinics, community health centers, community based organizations, etc.) which, given their structural differences, would make it difficult to uniformly regulate CHW practices. Voluntary certification can address these issues by providing uniform training mechanisms, fingerprinting, and a registration component to more accurately account for qualified CHWs employed within the State. Voluntary certification will be particularly beneficial for

health care plans and health care providers who are seeking assurance of health outcomes based on standardization of practice among the CHWs they hire.

(b) Regulation of the program or service rather than the individual practitioners.

CHWs provide a wide variety of health care services making it difficult to regulate any one service. Programs hiring CHWs also vary, making it onerous to strictly regulate the programs available. Proposed certification is consistent with other health professions where the scope of services is narrowly defined, but the scope of practice is broad. Additionally certification of the individual CHW is more cost effective than certification through an organization or program. The voluntary nature of the certification allows for flexibility based on the needs of the CHWs and the organizations employing CHWs. Charging individuals a fee for voluntary certification allows for greater budget neutrality.

(c) Registration of all practitioners.

Although, registration is necessary to estimate the size of the CHW workforce in Arizona it alone does not create strong enough regulatory system to protect practitioners and members of the public. Currently, CHWs are not incentivized to register so it is difficult to estimate the size of the workforce. Further, registration does not include training and evaluative components. Voluntary certification of CHWs would increase the likelihood of standardization of the workforce including training, supervision and practice based on national CHW core competencies.

(d) Certification of all practitioners.

Voluntary certification is recommended of all practitioners. This is the only alternative that would encourage registration, training, and peer evaluation of CHWs without disturbing the autonomous nature of both the profession and agencies hiring CHWs.

(e) Other alternatives.

At this time, there are no other feasible alternatives to voluntary certification.

(f) Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

Voluntary certification is the best regulatory mechanism because it allows for government oversight, professional standardization, assurance of practice and protection of the public without infringing on the element of autonomy necessary to the profession. Voluntary certification allows CHWs to identify themselves as certified, which would signal to employers and health professionals that the CHW is qualified to perform certain tasks. A CHW who chooses not to be voluntarily certified as a CHW may still work as a CHW, however, they may not call themselves a certified CHW. This is determined as the best course for this workforce that increasingly works within the health care system, but also works for community organizations and is less formal settings. This is distinct from a mandatory licensure system, which is not recommended, and is discussed below.

(g) Why licensing would serve to protect the public interest.

Licensing is not recommended. Licensing falls outside the scope of CHW practice because CHWs do not provide clinical care to patients. CHWs work with patients to provide support and guidance on the implementation of health care plans structured by medical professionals. Only health care professionals who are in a position to cause harm to patients within the scope of their clinical care require licensure. The role of a CHW is to serve in a mentoring or coaching capacity through direct contact with the patient's community and culture. Ensuring high quality of CHW services will ensure the continuum of health care is met. Any tasks that CHWs may occasionally perform that border on provisions of health care are tasks that a patient or consumer of care could reasonably perform themselves. These tasks could include monitoring blood pressure, or blood glucose. These actions, when performed by a CHW do not place an individual at risk for harm. Training, supervision, and an emphasis on when a patient should directly contact their health care provider provide clear boundaries for CHWs.

4. The benefit to the public if regulation is granted including:

(a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation.

The specific issues currently present in the unregulated CHW workforce that are addressed through this regulation include: ensuring public safety, uniform training standards, framework for certification, and professional sustainability.

- Implementation of a CHW board certified training program to target negative health outcomes prevalent within the state will encourage a uniformly educated CHW workforce specifically trained to address various health issues and achieve specific health outcomes

- The board will provide an overarching structure for certification and revocation in order to more adequately inform community members and employers of CHWs professional status and skill set.

- CHW certification would further support professional sustainability by encouraging CHW registration, encouraging recruitment, homogenizing educational structures, and promoting stable and budget-neutral funding sources.

- Volunteer certification will allow for increased protection of community members working with CHWs in their home and community environments. Registration can ensure the public's safety and protection from CHWs who have not been certified.

- Voluntary certification addresses the above issues while maintaining professional autonomy inherent to the CHW position.

(b) Whether the public can identify qualified practitioners.

A central component of voluntary certification is registration. A voluntary registration database will allow community members, health care providers, and employers to easily identify CHWs that have undergone standardized training and meet the CHW Board requirements for certification. This same database may be used to identify CHWs that no longer meet requirements for certification.

(c) The extent to which the public can be confident that qualified practitioners are competent including:

i. Whether the proposed regulatory entity would be a board composed of members of the profession and public members or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

The Community Health Workers Board will regulate the conduct of all certified CHWs. The Board will be administratively attached to the Arizona Department of Health Services and will meet on a regular basis.

The board shall consist of fifteen members who shall be: residents of the state; appointed by and serve at the pleasure of the Arizona Department of Health Services; and composed of the following members:

- Ten members, two from each of the following geographic regions of the state: north, south, east, west, and southeast, one of whom must be a CHW and the other must be a health care provider, facility, or health plan or academic institution who employ or work with CHWs;
- Five additional members-at-large, at least three of whom will be CHWs and two of whom will be members of the community served by CHWs; and
- At least 51% or eight members of the board will be made up of certified CHWs.

In determining the membership of the board, the director shall endeavor to appoint community health worker stakeholders such as health care providers and individuals from institutions of higher learning.

At a minimum, the duties of the board shall include making recommendations to the department on the following matters:

- Standards and requirements for the establishment, board evaluation and board approval or board acceptance of community health worker education and training programs in the state, the successful completion of which shall qualify an individual as eligible to apply to the department for certification as a certified community health worker;
- Standards and requirements for approval or acceptance of continuing education courses and programs as the board may require for the biennial renewal of a community health worker certificate;
- Minimum education, training, experience and other qualifications that a certified community health worker shall possess to qualify as a trainer in any education, training or continuing education program for community health workers approved or accepted by the board;
- The core competencies of a community health worker, including skills and areas of knowledge that are essential to bringing about expanded health and wellness in diverse communities and reducing health disparities.

ii. **If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.**

All CHWs seeking voluntary certification will be required to adhere to the qualification criteria outlined by the Community Health Workers Board.

iii. **The nature of the standards proposed for registration, certification or licensure as compared with the standards of other jurisdictions.**

This proposed CHW certification effort mirrors a national trend. As of March 2015, 15 states had established voluntary or mandatory CHW certification programs. Two states (North Dakota and Florida) had pending legislation.

New Mexico:
S.B. 58, N.M. Code R. § 7. 29. 5. 1

The New Mexico Department of Health created the CHW advisory council, issuing the CHW certification program under Senate Bill 58.
The bill requires the Secretary of Health to promulgate certification rules for CHWs, such as education, training, and experience; procedures for recertification; continuing education standards; and disciplinary actions. The bill creates the Board of Certification of CHWs (Board), which makes recommendations to the Secretary of Health about education and certification requirements for CHWs to practice as Certified CHWs (CCHWs) through a voluntary certification program. Each CHW is

certified for two years. All fees collected during the certification process must be used for the administration of the program. The Department must conduct criminal background checks, including fingerprinting, for all CHWs. All CHWs must maintain possession of CHW certification documents at all times when performing duties as a CCHW. CHWs may not perform services that require a license from a professional licensing board.

The Board's duties and responsibilities are to make recommendations to the Secretary on: (1) standards and requirements for establishing and approving CHW education and training programs; (2) minimum education, training, experience, and other qualifications to become a CCHW trainer; (3) grandfathering requirements; (4) how to assess CHW competency; (5) core competencies required for certification; and (6) the CCHWs scope of practice.

To be grandfathered into the program, CHWs must provide proof that the applicant is at least 18 years old, verification of proficiency in core competencies, two letters of recommendation, and documentation of at least 2,000 hours of work as a CHW in the previous two years, or at least half-time CHW work in the previous five years. New CHW applicants must provide proof that the applicant is at least 18 years old, proof of completion of a department-approved training program that contains an examination for each of the core competencies, and provide at least a high school diploma or its equivalent. There are four levels of certification: (1) Generalist; (2) Specialist I; (3) Specialist II; and (4) Specialist III. Specialty areas include, but are not limited to, basic clinical support skills, heart health, chronic disease, behavioral health, maternal and child health, and developmental disabilities. For recertification, individuals must provide proof of meeting at least 30 hours of department-approved continuing education.

Illinois:
HB 5412

There, the state created a CHW Advisory Board that is located in the Department of Public Health. The Board must develop core competencies for the training and certification of CHWs. The Board's report must include research related to best practices, curriculum, and training programs for CHW certification; recommendations for CHW certification and renewal processes; and curriculum recommendations containing the content, methodology, development, and delivery of all proposed programs.
The Act includes minimum requirements for core competencies, which are those competencies that are essential to expand health and wellness and to reduce health disparities. CHWs are prohibited from performing services that require a license from a professional licensing board.
Within a year of its first meeting, the Advisory Board will develop a report with recommendations regarding the certification process; best practices; reimbursement options; and proposed curriculums.

The Illinois CHW Advisory Board will convene monthly throughout 2015. IT has not yet released certifications standards.

Texas:
HB 2610

Texas Bill 2610 requires the Department of State Health Services to establish a statewide CHW Training and Certification Advisory Committee. The Committee must provide recommendations to the Department on establishing a sustainable CHW training program as well as funding and employment opportunities for CHWs.

Texas also has Regulation (25 Tex. Admin. Code §§ 146.1-146.12) defining a CHW as a person, with or without compensation, who is a liaison and provides cultural mediation between health care/social services and the community. Such activities include outreach, patient navigation, and follow-up; community health education and information; informal counseling; social support; advocacy; and participation in clinical research.

To become a certified CHW, an individual must be a resident of Texas who is at least 18 years of age and must complete a Department of State Health Services (DSHS)-approved 160-hour competency-based CHW training program, or prove the completion of at least 1,000 cumulative hours of CHW services within the most recent 6 years. There is no cost for becoming a certified CHW. The established core competencies include: communication skills; interpersonal skills; service coordination skills; capacity-building skills; advocacy skills; teaching skills; organizational skills; and a knowledge base on specific health issues. Certified CHWs must carry a certification identification card. The 160-hour training program includes 20 hours per core competency. Texas also established a certification program for CHW training instructors and training programs/sponsoring organizations.

Certified CHWs must renew their certification and complete 20 contact hours of continuing education biennially. Such continuing education must include at least 10 hours of attending a DSHS-approved continuing education program, or at least 5 hours of attending a DSHS-approved continuing education program and up to 5 hours of a continuing education program in another health profession. The remaining 10 hours may include verifiable independent self-study and participation in training relating to at least one core competency.

Texas established professional and ethical standards for CHWs, which includes a prohibition on discriminating on the basis of race, creed, gender, sexual orientation, religion, national origin, age, physical disability or economic status; not making misleading or false statements; and maintaining patient confidentiality, among others.

Comparison:
This application and its companion bill seek to establish a voluntary certification program for CHWs.

Texas and New Mexico have statutory regulations that dictate the eligibility requirements of CHWs. Conversely, Illinois solely vests it's authority in a centralized CHW Advisory Board that develops professional core competencies and training requirements. There, the board has complete discretion regarding the eligibility and implementation requirements for CHW certification.

Arizona is seeking to create a hybrid system. In this system, eligibility and training requirements would be statutorily-based, but the CHW Board will have the authority to dictate specifics of training, eligibility, and revocation of CHW certification.

iv. Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

No reciprocity agreements will exists with any other jurisdiction. Any individual wishing to practice as a voluntarily certified CHW in the State of Arizona must complete the application and training requirements as outlined in this document.

v. The nature and duration of any training including whether the training includes a substantial amount of supervised field experience, whether training programs exist in this state, if there will be an experience requirement, whether the experience must be acquired under a registered, certified or licensed practitioner, whether there are alternative routes of entry or methods of meeting the prerequisite qualifications, whether all applicants will be required to pass an examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

The nature and duration of CHW trainings will be determined by the CHW board. Training sessions must communicate and educate applicants per the CHW core competencies, as outlined above. All other aspects including duration, location, frequency, and additional subject matter are to be determined by the CHW board.

In order to meet the eligibility requirements and participate in the CHW board certified training sessions, applicants must meet the following criteria:

- Individuals shall be at least 18 years of age, and have a high school diploma or equivalent, and 2 years of experience.
- Applicants may be required to be fingerprinted
- Applicants must be able to demonstrate proficiency of the CHW core competencies as delineated by completion of CHW board-approved curriculum or training.

- Applicants must complete a 4-hour professional assessment conducted through the Arizona Community Health Worker Association.

There are no other means to meet the voluntary certification requirements.

Assurance of the public that practitioners have maintained their competence including:

vi. Whether the registration, certification or licensure will carry an expiration date.

In order to maintain a highly-trained workforce, voluntary certification will carry an expiration date of 2 years.

vii. Whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review or other enforcement.

Initial CHW certification fee will be $100; renewal fee will be $50. This fee was informed by CHWs to correspond to the salaries currently being paid to CHWs. Applicants seeking certification renewal will be required to disclose any new convictions. Certification renewal will require continued education hours to be determined by the board.

5. The extent to which regulation might harm the public including:

(a) The extent to which regulation will restrict entry into the health profession including:

i. Whether the proposed standards are more restrictive than necessary to ensure safe and effective performance.

The potential harm to the public of not providing voluntary certification includes individuals self-titling themselves as CHWs may not be able to deliver services on the scope of practice as specifically defined by the CHW core competencies outlined in the Sunrise. Without providing voluntary certification, patients and clients cannot be assured of improved quality of care they receive or health care outcomes as described in this document. Lastly, cost savings and efficiencies in health care services related to the use of CHWs may not be achieved.

The proposed certification standards are not more restrictive than necessary to ensure safe and effective CHW performance. Certification is voluntary and does not restrict individuals who elect not to undergo certification from practicing within a community as CHWs. The proposed certification does not restrict qualified CHWs from practicing due to a lack of formal educational attainments. Eligibility standards focus on field hours completed and training.

ii. Whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

Any individual wishing to practice as a CHW in the State of Arizona must complete the application and training requirements as outlined in this document. However, hours completed while practicing in another state may count toward requisite 1,000 hours (~6 months full time work) for those with formal training and 2,500 (~1 year full time work) for those without formal training necessary to attain certification in Arizona. The CHW Board retains discretion to determine whether hours completed in another jurisdiction satisfy this requirement.

(b) Whether there are professions similar to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation.

No other professions should be included in this proposed legislation. Medical professions requiring licensure will not be influenced by this legislation.

6. The maintenance of standards including:

(a) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards or a code of ethics.

No quality assurance standards exist regarding Community Health Workers. A voluntary national code of ethics exists for CHWs. The CHW board will implement a professional code of ethics that correspond with the ethics and professional conduct included in the C3 Competencies such as CHW Code of Ethics, Americans with Disabilities Act [ADA], and Health Insurance Portability and Accountability Act [HIPPA].

(b) How the proposed legislation will assure quality including:

i. The extent to which a code of ethics, if any, will be adopted.

Once established, the CHW board will adopt the national professional code of ethics as established by the American Association of Community Health Workers. This code provides a national standard of ethics that can be implemented in Arizona.

ii. The grounds for suspension or revocation of registration, certification or licensure.

The CHW board has the discretion to determine certification revocation on a case by case basis.

7. **A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.**

The proposed standardizations will impact Community Health Workers (CHWs). A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the Community Health Worker to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery. A Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiently through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Currently, Arizona's Community Health Workers fill a gap in health promotion and disease prevention by reaching communities that are isolated due to geography, language, culture, or a variety of other barriers. Agencies use Community Health Workers to serve communities in many ways including access to care, prenatal care, chronic disease self-management, long-term care, utilization of services and behavioral health.

Associations and organizations utilizing CHWs within Arizona:

- AHCCCS
- Apache County Public Health Service District
- Arizona Alliance for Community Health Centers
- Arizona Blue Cross Blue Shield
- Arizona Community Health Outreach Workers Association (AzCHOW)
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona Department of health, Health Start Program
- Arizona Living Well Institute
- Arizona Public Health Association
- Arizona State University
- Arizona Western College
- Arizonans for Prevention
- Asian Pacific Community in Action
- Bureau of Women's and Children's Health
- Campesinos Sin Fronteras
- Center for Excellence in Women's Health
- CHC Pediatric Clinic
- Cochise Health and Social Services
- Coconino County Public Health Services District
- El Rio Community Health Center
- Family Involvement Center
- Flagstaff Medical Center

- Greater Valley AHEC
- Health Services Advisory Group
- Hopi Tribe Health Services
- Indian Health Services
- Inter Area Agency on Aging
- La Frontera- Empact
- Maricopa County Department of Public Health
- Mariposa Community Health Center
- Mercy Maricopa
- Mohave County Department of Public Health
- Mountain Park Clinic
- Native American Community Health Center
- Native Health
- Navajo Nation Community Health Representative Program
- Navajo Nation Division of Health
- North Country Healthcare Center
- North Country Healthcare- Navajo County
- People of Color Network
- Phoenix Native Health
- Pima Community Access Program
- Pima County Community College
- Pima County Health Department
- Promotora Outreach Program
- Promotores HOPE Network
- Puente Promotores
- Regional Center for Border Health
- Rio Salado College
- Saguaro Evaluation Group
- Scottsdale Healthcare
- Scottsdale Lincoln Health
- Scottsdale Prevention Institute
- South Mountain Community College
- Southeastern Area Health Education Center (SEAHEC)
- Southwest Behavioral & Health Services
- St. Joseph Hospital
- State Office of Rural health and the Center for Rural Health
- Sunset Community Health Center
- Tempe Community Action Agency
- Tucson Interfaith HIV/AIDS Network
- University Family Care
- University of Arizona, Zuckerman College of Public Health
- Unlimited Potential
- Valle del Sol
- Verde Valley Medical Center
- Viridian Health Management

- Vitalyst Health Foundation
- WellWays Wellness Program
- Wesley Community Health Center
- Women's Health Coalition of Arizona
- Yavapai County Community Health Services
- Yuma County Public Health Services District

These organizations utilize and work with CHWs across Arizona. Without the use of a certification system, it is difficult to determine the precise number of CHWs that work within each organization and across the state. In 2007, a national workforce study documented approximately 944 CHWs working across the State (HRSA, 2007). However, we anticipate that this group has increased given the attention that CHWs have received in efforts to cut the costs of health care funding. The groups listed are not representative of different levels of CHW practice, rather they represent various populations. CHWs often work with unique populations such as women, Native Americans, and elderly. Practitioners operate under one level of practice, yet the population they work closest with determines area specific expertise.

8. The expected costs of regulation including:

(a) The impact registration, certification or licensure will have on the costs of the services to the public.

A $100 fee will be charged to the CHWs who elect to undergo voluntary certification. Additionally, CHWs will be charged a $50 fee to complete an online renewal application for those who chose to renew certification every two years. The cost of registration and certification will be budget neutral for the state and will not increase the cost of medical services provided to the public.

(b) The cost to this state and to the general public of implementing the proposed legislation.

It is estimated that the total process of developing and implementing voluntary CHW certification that includes curriculum approval, online application, and assessment is approximately $100,000. However, significant resources have already been invested in the process of formalizing and standardizing the CHW voluntary process, which will make the cost to the state relatively small. At this stage, resources are only needed to launch the actual certification process. By levying a $100 fee from CHWs wishing to obtain certification and $50 for certification renewal, costs imposed on ADHS associated with housing and implementing this certification will be offset. Further contributing to budget neutrality, ADHS has already invested in an infrastructure to support the assessment and certification processes. ADHS currently has a CHW Project Manager position housed with the Division of Prevention in the Bureau of Tobacco and Chronic Disease. To oversee the mechanics of certification, ADHS will need to create a .25 (1/4 time) secondary position. Additionally, the fee of $500 charged to the program or organization for the review of a CHW certification curriculum will contribute to ongoing sustainability. The revenue would support the approval board in observations of the curriculum, the assessment process, and the overall professionalization of CHWs.

Attachment 3

Organizations supporting Sunrise application for voluntary certification of Community Health Worker in Arizona

1. Organizations supporting Sunrise application for voluntary certification of Community Health Worker in Arizona:

Alzheimer's Association Desert Southwest Chapter

Arizona Alliance for Community Health Centers

Arizona Association of Health Plans, Inc.

Arizona Living Well Institute

Arizona Local Health Officer Association (ALHOA)

Arizona Public Health Association

Asian Pacific Community in Action

ASU Promotores HOPE Network

Campesinos sin Fronteras

Central Arizona College

El Rio Community Health Center

Empowerment Systems

Greater Valley Arizona Area Health Education Center

Hopi Department of Health and Human Services

Hualapai Tribal Council

Johns Hopkins Center for American Indian Health Family Spirit Program

Keogh Health Connection

Maricopa County Department of Public Health

Mariposa Community Health Center

Mercy Care Plan

Navajo Nation Community Health Representative Program

NAZCARE, Inc.

North Country HealthCare

Pima Community Access Program

Pima Community College, Social Services Program

Regional Center for Border Health, Inc.

San Carlos Apache Tribe Department of Health Human Services

San Luis Walk in Clinic, Inc. (Rural Health Clinic)

Southeast Arizona Area Health Education Center, SEAHEC, Inc.

Southwest Behavioral and Health Services

Sunset Community Health Center, Inc.

Tohono O'odham Nation, CHR Program

Tohono O'odham Nation, Department of Health and Human Services, Division of Community Health

University of Arizona Health Plans

Valle del Sol

Vitalyst Health Foundation

WellWays

2. Technical Expert Stakeholders:

Arizona Prevention Research Center, Mel and Enid Zuckerman College of Public Health University of Arizona

Community Programs, Mel and Enid Zuckerman College of Public Health University of Arizona

Center for Rural Health, Mel and Enid Zuckerman College of Public Health University of Arizona

Family Diabetes Study College of Nursing University of Arizona

Bureau of Tobacco and Chronic Disease, Arizona Department of Health Services

3. Organizations opposing Sunrise application for voluntary certification of Community Health Worker in Arizona:

We are not aware of any organizations opposing the Sunrise Application for voluntary certification of community health workers in Arizona.

Attachment 4

List of Committee of Reference (COR)
Members from House and Senate

List of Committee of Reference (COR) Members from House and Senate:

House of Representatives	**Legislative District**
Heather Carter (Chairman) (R)	15
Regina Cobb (Vice Chairman) (R)	5
Randall Friese (D)	9
Jay Lawrence (R)	23
Eric Meyer (D)	28
Senate	**Legislative District**
Nancy Barto (Chairman) (R)	15
David Bradley (D)	10
Lynne Pancrazi (D)	4
Debbie Lesko (R)	21
Kimberly Yee (R)	20

Attachment 5

Community Health Worker Certification Curricula Scoring Matrix

Community Health Worker Certification Curricula Scoring Matrix*

*Rosenthal L, Rush C, Allen C. Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project. 2016.

CHW Core Competencies		
1) Communication 2) Relationship-building 3) Service Coordination	4) Capacity Building 5) Advocacy 6) Education & Facilitation	7) Assessment 8) Outreach 9) Professional Conduct 10) Knowledge Base

Communication	Met Requirement: Yes- 1 pts or No- 0 pt
a. Includes content on using language confidently	
b. Includes content on using language in ways that engage and motivate	
c. Includes content on communicating using plain and clear language	
d. Includes content on communicating with empathy	
e. Includes content on listening actively	
f. Includes content on preparing written communication including electronic communication	
g. Includes content on documenting work	
h. Includes content on communicating with the community served	
Total	
Relationship-building	
a. Includes content on providing coaching and social support	
b. Includes content on conducting self-management coaching	
c. Includes content on using interviewing techniques (e.g. motivational interviewing)	
d. Includes content on working as a team member	
e. Includes content on managing conflict	
f. Includes content on practicing cultural humility	
g. Includes content on understanding culture of institutions	
Total	
Service Coordination	
a. Includes content on coordinating care (including identifying and accessing resources and overcoming barriers)	
b. Includes content on making appropriate referrals	
c. Includes content on facilitating development of an individual and/or group action plan and goal attainment	
d. Includes content on coordinating CHW activities with clinical and other community services	
e. Includes content on follow-up and tracking care and referral outcomes	
Total	
Capacity Building	
a. Includes content on helping others identify goals and develop to their fullest potential	
b. Includes content on working in ways that increase individual and community empowerment	
c. Includes content on networking, building community connections, and building coalitions	
d. Includes content on teaching self-advocacy skills	
e. Includes content on conducting community organizing	
Total	
Advocacy	
a. Includes content on contributing to policy development	
b. Includes content on advocating for policy change	
c. Includes content on speaking up for individuals and communities	
Total	
Education and Facilitation	**Met Requirement: Yes- 1 pts or No- 0 pt**

a. Includes content on using empowering and learner-centered teaching strategies	
b. Includes content on using a range of appropriate and effective educational techniques	
c. Includes content on facilitating group discussions and decision-making	
d. Includes content on planning and conducting classes and presentations for a variety of groups	
e. Includes content on seeking out appropriate information and responding to questions about pertinent topics	
f. Includes content on finding and sharing requested information	
g. Includes content on collaborating with other educators	
h. Includes content on collecting and using information from and with community members	
Total	
Assessment	
a. Includes content on participating in individual assessment through observation and active inquiry	
b. Includes content on participating in community assessment through observation and active inquiry	
Total	
Outreach	
a. Includes content on conducting case-finding, recruitment and follow-up	
b. Includes content on preparing and disseminating materials	
c. Includes content on building and maintaining a current resources inventory	
Total	
Professional Conduct	
a. Includes content on setting goals and developing and following a work plan	
b. Includes content on balancing priorities and managing time	
c. Includes content on applying critical thinking techniques and problem solving	
d. Includes content on using pertinent technology	
e. Includes content on pursuing continued education and life-long learning opportunities	
f. Includes content on maximizing personal safety while working in community and/or clinical settings	
g. Includes content on observing ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])	
h. Includes content on identifying situations calling for mandatory reporting and carry out reporting requirements	
i. Includes content on participating in professional development of peer CHWs and in CHW networking groups	
j. Includes content on setting boundaries and practice self-care	
Total	
Knowledge Base	
a. Includes content on social determinants of health and related disparities	
b. Includes content on pertinent health issues	
c. Includes content on healthy lifestyles and self-care	
d. Includes content on mental/behavioral health issues and their connection to physical health	
e. Includes content on health behavior theories	
f. Includes content on basic public health principles	
g. Includes content on the community served	
h. Includes content on United States health and social service systems	
Total	
Total Score: 90% for Approval	